## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

BOSEN-6

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |  |  |                  |                  |    | SMALL ENTITY TYPE  |                        |      | OTHER THAN OR SMALL ENTITY |                        |  |
|--|---|---|--|--|------------------|------------------|----|--------------------|------------------------|------|----------------------------|------------------------|--|
| TOTAL CLAIMS   |   |   |  |  |                  |                  |    | . RATE             | FEE                    | 7    | RATE                       | FEE                    |  |
| FC   | DR .  |   | NUMBER FILED                                       |  | NUM              | BER EXTRA        |    | BASIC FEI          | 385.00                 | OR   | BASIC FEE                  | 770.00                 |  |
| TC   | TAL CHARGE  | ABLE CLAIMS                                 | minus 20=  |  | *                |                  | ·  | X\$ 9=             |                        | OR   | X\$18=                     |                        |  |
| IN   | DEPENDENT C   | LAIMS                                       | / m  | inus 3 =                                     | * -              | · .              |    | X43=               |                        | OR   | X86=                       |                        |  |
| ML   | JLTIPLE DEPE  | NDENT CLAIM P                               | RESENT   |  |                  |                  |    | +145=              |                        | OR   | +290=                      | -                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |   |  |  |                  |                  | ı  | TOTAL              |                        | OR   | TOTAL                      | 770                    |  |
| CLAIMS AS AMENDED - PART II  |   |   |  |  |                  |                  |    | OTHER THAN         |                        |      |                            |                        |  |
| _  |   | (Column 1)                                  | <del>,                                      </del> | (Colun                                       |                  | (Column 3)       |    | SMALL              | ENTITY                 | OR.  | SMALL                      | ENTITY                 |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHI<br>NUME<br>PREVIO<br>PAID F            | BER<br>USLY      | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus  | **   |                  | =                |    | X\$ 9=             | ·                      | OR   | X\$18=                     |                        |  |
| AME  | Independent   | * ENTATION OF MI                            | Minus  | ***  | CL AINA          | =                |    | X43=               |                        | OR   | X86=                       |                        |  |
|  | FIRST PRESE   | INTATION OF MI                              | JUITPLE DE   | PENDENI                                      | CLAIM            |                  | 1  | +145=              |                        | OR   | +290=                      |                        |  |
|  |   |   |  |  | •                |                  | L  | TOTAL<br>DDIT. FEE |                        | OR   | TOTAL                      |                        |  |
|  |   |   |  |  |                  |                  |    |                    |                        |      | ADDIT. FEE                 |                        |  |
| ,  | (Column 1) (Column 2) (Column 3)  |   |  |  |                  |                  |    |                    |                        |      |                            |                        |  |
| IT B   |   | REMAINING . AFTER                           |  | NUMB<br>PREVIO                               | ĘR               | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL        |      | RATE                       | ADDI-<br>TIONAL        |  |
| AMENDMENT B  | <del>.</del>  | AMENDMENT                                   |  | PAID F                                       | OR               |                  | ▎▐ |                    | FEE                    |      | ·                          | FEE                    |  |
|  | Total   | •   | Minus  | **   |                  | =                |    | X\$ 9=             |                        | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus  | ***  | CI AIN           |                  |    | X43=               |                        | OR   | X86=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |   |  |  |                  |                  |    | +145=              |                        | OR   | +290=                      |                        |  |
|  |   |   |  |  |                  |                  |    | TOTAL<br>DDIT. FEE |                        | OR A | TOTAL<br>ODIT. FEE         |                        |  |
|  |   | (Column 3)                                  |  |  |                  |                  |    |                    |                        |      |                            |                        |  |
| MEN  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |  | (Colum<br>HIGHE<br>NUMB<br>PREVIOU<br>PAID F | ST<br>ER<br>JSLY | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | *   | Minus  | <b>tr</b> k                                  |                  | =                |    | X\$ 9=             |                        | OR   | X\$18=                     |                        |  |
|  | Independent   | *   | Minus  | ***  |                  | =                | 一  | X43=               |                        |      | X86=                       |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |  |                  |                  |    |                    | i                      | OR   |                            |                        |  |
| • 14   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |  |  |                  |                  |    |                    |                        | OR   | +290=                      |                        |  |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **TOTAL ADDIT. FEE  **OPEN TOTAL ADDIT. F |   |   |  |  |                  |                  |    |                    |                        |      |                            |                        |  |